

# HOUSE BILL No. 1547

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## DIGEST OF INTRODUCED BILL

**Citations Affected:** IC 12-15-44.2.

**Synopsis:** Coverage for spinal adjustments. Provides that the Indiana check-up plan must include chiropractic services, including spinal adjustments. Provides that implementation of the state plan to cover individuals eligible for Medicaid resulting from passage of the federal Patient Protection and Affordable Care Act must include chiropractic services. Requires the office of Medicaid policy and planning to apply for any necessary federal waiver or state plan amendment.

**Effective:** Upon passage; July 1, 2015.

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**Lehe, Klinker**

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January 20, 2015, read first time and referred to Committee on Public Health.

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First Regular Session of the 119th General Assembly (2015)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2014 Regular Session and 2014 Second Regular Technical Session of the General Assembly.

## HOUSE BILL No. 1547

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A BILL FOR AN ACT to amend the Indiana Code concerning human services.

*Be it enacted by the General Assembly of the State of Indiana:*

- 1 SECTION 1. IC 12-15-44.2-4, AS AMENDED BY P.L.160-2011,
- 2 SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 3 JULY 1, 2015]: Sec. 4. (a) The plan must include the following in a
- 4 manner and to the extent determined by the office:
- 5 (1) Mental health care services.
- 6 (2) Inpatient hospital services.
- 7 (3) Prescription drug coverage.
- 8 (4) Emergency room services.
- 9 (5) Physician office services.
- 10 (6) Diagnostic services.
- 11 (7) Outpatient services, including therapy services.
- 12 (8) Comprehensive disease management.
- 13 (9) Home health services, including case management.
- 14 (10) Urgent care center services.
- 15 (11) Preventative care services.



(12) Family planning services:

(A) including contraceptives and sexually transmitted disease testing, as described in federal Medicaid law (42 U.S.C. 1396 et seq.); and

(B) not including abortion or abortifacients.

(13) Hospice services.

(14) Substance abuse services.

**(15) Chiropractic services, including spinal manipulation and adjustments.**

~~(15)~~ **(16)** A service determined by the secretary to be required by federal law as a benchmark service under the federal Patient Protection and Affordable Care Act.

(b) The plan may do the following:

(1) Offer coverage for dental and vision services to an individual who participates in the plan.

(2) Pay at least fifty percent (50%) of the premium cost of dental and vision services coverage described in subdivision (1).

(c) An individual who receives the dental or vision coverage offered under subsection (b) shall pay an amount determined by the office for the coverage. The office shall limit the payment to not more than five percent (5%) of the individual's annual household income. The payment required under this subsection is in addition to the payment required under section 11(b)(2) of this chapter for coverage under the plan.

(d) Vision services offered by the plan must include services provided by an optometrist.

(e) The plan must comply with any coverage requirements that apply to an accident and sickness insurance policy issued in Indiana.

(f) The plan may not permit treatment limitations or financial requirements on the coverage of mental health care services or substance abuse services if similar limitations or requirements are not imposed on the coverage of services for other medical or surgical conditions.

SECTION 2. IC 12-15-44.2-22, AS ADDED BY P.L.160-2011, SECTION 15, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 22. **(a)** The office of the secretary may amend the plan in a manner that would allow Indiana to use the plan to cover individuals eligible for Medicaid resulting from passage of the federal Patient Protection and Affordable Care Act.

**(b) Implementation of any amendment to the plan under subsection (a) must include chiropractic services, including spinal manipulation and adjustments.**



1       SECTION 3. [EFFECTIVE UPON PASSAGE] (a) As used in this  
2       SECTION, "office" refers to the office of Medicaid policy and  
3       planning.

4       (b) Before July 1, 2015, the office shall apply to the United  
5       States Department of Health and Human Services for any  
6       necessary waiver or state plan amendment to include chiropractic  
7       services that include spinal manipulation and adjustments.

8       (c) If a waiver or state plan amendment is required, the office  
9       may not implement the waiver or state plan amendment until the  
10      office files an affidavit with the governor attesting that the federal  
11      waiver or amendment applied for under this SECTION is in effect.  
12      The office shall file the affidavit under this subsection not later  
13      than five (5) days after the office is notified that the waiver or  
14      amendment is approved.

15      (d) This SECTION expires December 31, 2015.

16      SECTION 4. An emergency is declared for this act.

